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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/797,637			ing Date 09/2004	To be Mailed
	Al	AS FILE	SMALL	ENTITY \square	OR		HER THAN					
	FOR	N	NUMBER FILED		NUMBER EXTRA		П	RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1 16(a), (b),	or (c))	N/A		N/A			N/A		1	N/A	
	SEARCH FEE (37 CFR 1 16(k), (i), a	or (m))	N/A		N/A			N/A		1	N/A	
	EXAMINATION FE (37 CFR 1 16(o), (p),		N/A		N/A			N/A]	N/A	
	TAL CLAIMS CFR 1.16(i))		25 minus 20 =		•			x \$ =		OR	x s =	
IND (37	EPENDENT CLAIM CFR 1.16(h))	IS	6 minus 3 =		•			X \$ =		1	X \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and sheets of paper, the ap is \$250 (\$125 for smal additional 50 sheets or 35 U.S.C. 41(a)(1)(G)			pplication size fee due Il entity) for each ir fraction thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]		
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL]	TOTAL	
										ER THAN ALL ENTITY		
AMENDMENT	08/15/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	· 25	Minus	26		-		x s =		OR	x s =	
	Independent (37 CFR 1.16(h))	• 6	Minus	6				X \$ =		OR	X \$ =	
	Application Size Fee (37 CFR 1.16(s))											
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())	•	Minus	:				X \$ =		OR	x s =	
	Independent (37 CFR 1.16(h))		Minus	***				X \$ =		OR	X \$ =	
	Application Size Fee (37 CFR 1.16(s))									1		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "20". * If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public within is 16 (and by the USPTO to process) an application. Confidentiality is governed by 83 USS. 0.12 and 37 CFR 1.14. This collection is estimated to their 21 minutes to 16 (including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suppessions for reducing this burden, should be sent to the CHIP information Officer. U.S. Patient and Trademark Office. U.S. Department of Commerce P.O. Exx 1450, Alexandria. VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Exx 1450, Alexandria. VA 22313-1450.